

Received & Inspected
AUG 01 2011
FCC Mail Room

July 28, 2011

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743

RE: Request for Waiver and Review of Decision

CC Docket No. 02-6

Contact:

Janice Meyers
Letter of Agency for Boston Renaissance School
Janice Meyers Educational Consulting
PO Box 534.
Dobbs Ferry, NY 10522
914-715-2466 phone
914-231-6396 fax

BEN: 16053376

Boston Renaissance School

Form 471 # 794236

Request for Waiver

I am requesting a waiver of the FCC Form 471 application filing window deadline for funding year 2011 due to my accident of March 18, 2011

Argument

In 2006 and 2007, in the *Bishop Perry Order* and the *Academy for Academic Excellence Order*, the Commission and the Bureau, respectively, granted waivers to applicants who missed the FCC Form 471 filing window deadline due to technical malfunctions, school reorganizations, a misunderstanding related to the filing deadline, personal staff emergencies, inadvertent errors, or circumstances beyond their control, including inclement weather.

On March 18, 2011 I had an accident at school and was taken to the emergency room for treatment for an injury to my right knee that left me

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unable to walk. I was given prescription pain medication. On March 22, 2011 my orthopedic surgeon decided that I was unable to work. I began receiving NY State Worker's Compensation. I had surgery on March 31, 2011. I returned to work on May 18, 2011. Please find the attached documentation.

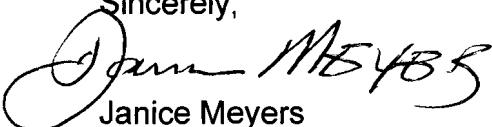
I began application # 794236 on March 5, 2011 and entered Block 5 information on March 12, 2011. I was unable to complete and certify application # 794236 due to my accident. Please find the attached documentation.

I was told by the Schools and Libraries Client Service Bureau that I had to wait until USAC issued an Out of Window letter before I could appeal this situation. USAC issued the letter on July 11, 2011. I appealed the decision to USAC with the 60 days as stated in the section of the letter "To appeal this decision". I received a letter from USAC dated July 26, 2011 stating that FCC rules to not permit USAC to consider requests for waivers. Please find the attached documentation.

I did not appeal the Out of Window status with when I discovered application # 794236 was not completed and certified because I was waiting for the Out of Window letter from USAC based in the information given to me from the Client Service Bureau. When I received the Out of Window letter I responded within 14 days to appeal the decision.

I respectfully ask that you consider application # 794236 "In Window" based on my illness and extenuation circumstances.

Sincerely,



Janice Meyers

[HOME](#) [CANCEL](#) [SAVE & EXIT](#) [HELP](#)**FCC Form 471**

Services Ordered and Certification Form

**Block 2 & 3****Block 4****Block 5****Block 6**

Applicant's Form Identifier: BRCS-11-BM

Entity Number: 16053376

Contact Person: Janice Meyers

Phone Number: (914) 715-2466

IMPORTANT

Please record your Form 471 application number and security code. You will need this information if you wish to exit and return later to this online Form 471 application or if you wish to file your Item 21 Attachment Online.

471 Application Number: 794236
Billed Entity Number: 16053376
Security Code Number: 8440

[Continue >>](#)[Print Now](#)

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FW: 7/20/11
Incomplete

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AUG 01 2011

FCC Mail Room

HOME CANCEL SAVE & EXIT HELP

FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 5

Block 6

Applicant's Form Identifier: BRCS-11-BM

Contact Person: Janice Meyers

Entity Number: 16053376

Phone Number: (914) 715-2466

Bottom
Block 5 Display

FRN: 2149394	
10. Original FRN:	
11. Category of Service: Basic Maintenance of Internal Connections	12. 470 Application Number: 519550000559869
13. SPIN: 143011377	14. Service Provider Name: CBE Technologies, Inc.
15a. Non-Contracted tariffed/Month to Month Service:	15b. Contract Number: ITT 29
15c. Covered under State Master Contract: Y	15d. FRN from Previous Year:
16a. Billing Account Number: (617) 293-7020	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 01/05/2006	18. Contract Award Date: 03/07/2011
19. Service Start Date: 07/01/2011	20a. Service End Date:
20b. Contract Expiration Date: 06/30/2012	
21. Attachment #: BRCS-11-BM	22. Block 4 Entity Number: 16053376
23a. Monthly Charges: \$2,911.25	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$2,911.25	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$34,935.00	
23f. Annual non-recurring (one-time) charges: \$0.00	
23g. Ineligible non-recurring amt.: \$0.00	
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$0.00	
23i. Total program year pre-discount amount (23e + 23h): \$34,935.00	
23j. % discount (from Block 4): 90	
23k. Funding Commitment Request (23i x 23j): \$31,441.50	
FRN: 2165844	
10. Original FRN:	
11. Category of Service: Basic Maintenance of Internal Connections	12. 470 Application Number: 519550000559869
13. SPIN: 143011377	14. Service Provider Name: CBE Technologies, Inc.
15a. Non-Contracted tariffed/Month to Month Service:	15b. Contract Number: ITT 29
15c. Covered under State Master Contract: Y	15d. FRN from Previous Year:
16a. Billing Account Number:	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 01/05/2006	18. Contract Award Date: 03/07/2011
19. Service Start Date: 07/01/2011	20a. Service End Date:
20b. Contract Expiration Date: 06/30/2012	
21. Attachment #: Cisco Base	22. Block 4 Entity Number: 16053376
23a. Monthly Charges: \$1,497.81	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$1,497.81	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$17,973.72	
23f. Annual non-recurring (one-time) charges: \$0.00	
23g. Ineligible non-recurring amt.: \$0.00	
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$0.00	
23i. Total program year pre-discount amount (23e + 23h): \$17,973.72	
23j. % discount (from Block 4): 90	
23k. Funding Commitment Request (23i x 23j): \$16,176.35	

Top

Block 4

Add New Funding Request

Block 6

Print Preview

000014

The CVC code is the LAST 3 digits AFTER the first set of numbers printed on the BACK of your card

DOBBS FERRY EMERGENCY MEDICINE PC
P O BOX 36157
NEWARK NJ 07188

STATEMENT DATE
06/07/2011

AMOUNT DUE
\$250.00

PATIENT NAME(S)
J. Meyers #109

DATES OF SERVICE
03/18/2011 03/18/2011

Return Service Requested

DOB102.A3S2EC000014.J0885J.000014 000014

MAKE CHECK PAYABLE AND REMIT TO:

000014

JANICE MEYERS
98 BELLWOOD AVE
DOBBS FERRY NY 10522 - 2324

DOBBS FERRY EMERGENCY MEDICINE PC
PO BOX 36157
NEWARK NJ 07188-6106

STATEMENT

☐ BILL TO THE ADDRESS OF THE INSURANCE COMPANY
 INSURANCE COMPANY INFORMATION: POLICY NUMBER: 109

Service Dates	Procedure Code	Description	Billed	U	Adjusted	Received	Balance
03/18/2011	99283	LEVEL 3 MODERATE COMPLEXITY	250.00	1	0.00	0.00	250.00

PATIENT NAME: Janice Meyers PATIENT ACCOUNT NUMBER: 109

MESSAGES

* - SERVICE DUE FROM INSURANCE

Physician:

Patient: J. Meyers #109

INSURANCE BALANCE

\$0.00

0-30 DAYS	31-60 DAYS	61-90 DAYS	90-120 DAYS	120+ DAYS	PATIENT BALANCE
\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00

REFER INQUIRIES TO: DOBBS FERRY EMERGENCY MEDICINE PC Phone: 845-664-9902

Page 1 of 1

OFFICIAL NEW YORK STATE PRESCRIPTION



2

SCOTT V HAIG MD
LIC: 168044
NPI: 1114941499

700 WHITE PLAINS ROAD SUITE 10 SCARSDALE, NY 10583 (914) 723-4244

PRACTITIONER DEA NUMBER

--	--	--	--	--	--	--	--	--	--

Patient Name Megan Van Date 3/22/11

Address _____

City _____ State _____ Zip _____ Age _____ Sex

M	F
---	---

Rx

out of work until
cleared -

Prescriber Signature XMAXIMUM DAILY DOSE
(controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'dow' IN THE BOX BELOW

REFILLS

☐ None

Refills: _____

PHARMACIST
TEST AREA:

Dispense As Written

0MTBBW 21





Ancillary Medical Report

State of New York - Workers' Compensation Board

C-4 AMR

Use this form to report ancillary medical services such as x-ray, anesthesia, pathology or diagnostic services by other than the attending provider. A medical provider who is only giving clearance for surgery may also use this form. THIS FORM SHOULD NOT BE USED TO REPORT TREATMENT PROVIDED.

Please answer all questions completely, attaching the report for the services provided, and submit promptly to the Board, the insurance carrier and to the patient's attorney or licensed representative, if he/she has one; if not, send a copy to the patient. Failure to do so may delay the payment of necessary services, prevent the timely payment of wage loss benefits to the injured worker, create the necessity for testimony, and jeopardize your Board authorization. You may also fill out this form online at www.wcb.state.ny.us.

A. Patient's Information

1. Name: MEYERS, JANICE 2. Soc. Sec. #: [REDACTED]
Last First MI
3. Mailing address: 98 BELLWOOD AVE DOBBS FERRY NY 10522
Number and Street City State Zip Code
4. Home phone #: (914) 715-2466 5. Date of Birth: 08 / 28 / 1952 6. Date of injury/onset of illness: 03 / 18 / 2011
7. WCB Case # (if known): _____ 8. Carrier Case #: YZC58853C 9. Patient's Account #: 00012229*1*10

B. Doctor's Information

1. Your name: CATALANO MD, ELIZABETH 2. WCB Authorization #: 13-3997445
Last First MI
3. WCB Rating Code: 13-3997445 4. Federal Tax ID #: 13-3997445 The Tax ID # is the (check one): ☐ SSN ☒ EIN
5. Office address: 55 PALMER BRONXVILLE NY 10708-3403
Number and Street City State Zip Code
6. Billing group or practice name: WESTCHESTER ANESTHESIOLOGISTS
7. Billing address: 800 WESTCHESTER AVE S-614 RYE BROOK NY 10573-1354
Number and Street City State Zip Code
8. Office phone #: () 9. Billing phone #: (914) 428-5454 10. Provider's NPI #: 13-3997445
11. Referring Doctor: HAIG MD, SCOTT V
Last First MI

C. Billing Information

1. Employer's insurance carrier: HARTFORD ACC & INDEMNITY(WC) 2. Carrier Code #: W
3. Insurance carrier's address: PO BOX 14472 LEXINGTON KY 40512-4472
Number and Street City State Zip Code
4. Diagnosis or nature of disease or injury:
Enter ICD9 Code: ICD9 Descriptor:
(1) 836.0 TEAR OF MEDIAL CARTILAGE OR MENISCUS OF KNEE CURRENT
(2) 836.1 TEAR OF LATERAL CARTILAGE OR MENISCUS OF KNEE CURRENT
(3) _____

Relate ICD9 codes in (1), (2) or (3) to Diagnosis Code column by line.

Dates of Service						Place of Service	Leave Blank	Use WCB Codes		Diagnosis Code	\$ Charges	Days/ Units	COB	Zip code where service was rendered
From MM	DD	YY	To MM	DD	YY			Procedures, Services or Supplies CPT/HCPCS	MODIFIER					
03	31	11				2		Start Time: 10:20 Stop Time: 11:23 01400		1 2	1440.00	63		40512-4472

☒ Check here if services were provided by a WCB preferred provider organization (PPO).

Total Charge	Amount Paid (Carrier Use Only)	Balance Due (Carrier Use Only)
\$ 1440.00	\$	\$ 1440.00

Board Authorized Health Care Provider - Check one:

☒ I provided the services listed above. ☐ I actively supervised the health-care provider named below who provided these services.

Provider's name _____ Specialty _____

Board Authorized Health Care Provider signature:

CATALANO MD, ELIZABETH
Name

NOTARIZED SIGNATURE ON FILE
Signature

ANESTHESIA
Specialty

04 / 08 / 2011
Date



Date: TO BE COMPLETED AT THE MAY 16TH APPOINTMENT

RE: Janice Meyers
Claim #: YZCC58853
DOI: 03/18/11
DOB: 08/28/52

Received & Inspected

AUG 01 2011

FCC Mail Room

Re: Inquiry Regarding Claimant Condition and Treatment

Attn: Dr. Haig

The Hartford is handling the Worker's Compensation claim for the above named claimant.

The New York Workers' Compensation Board, in Subject Number 046-124, establishes guidelines concerning communication by carriers with health care professionals regarding a claimant's condition and treatment. At this time, we are requesting the information listed below in reference to the condition and medical treatment for this injured worker.

- 1) Diagnosis: *POST Op C-Morrig*
- 2) Current Status: *WORK 5/18/11 — RETURN TO WORK*
- 3) Treatment Plan: *Hm Exam*
- 4) Current Work Capabilities: *Full*
- 5) Date of the Next Office Visit: *2 mo*

Provider Signature: *Cham* Date: *7/16/11*

Thank you for your assistance in this matter. Please feel free to contact The Hartford with any questions or concerns. Your response may be faxed back to me.

Thank you,

Carrie Bogdan, BSN, RN
Tel #877-469-9222 X53313
Fax# 888-459-1629

CC: Janice Meyers

Northeast Workers' Compensation
Claim Center
300 South State Street
P.O. Box 4771
Syracuse, NY 13221-4771
Telephone 877 469 9222
Facsimile 877 536 3201



Universal Service Administrative Company

Schools and Libraries Division

**FUNDING YEAR 2011 FORM 471
POSTMARKED OUTSIDE OF WINDOW**

July 11, 2011

Janice Meyers
BOSTON RENAISSANCE SCHOOL
PO Box 534
Dobbs Ferry, NY 10522

Received & Inspected

AUG 01 2011

FCC Mail Room

Re: Applicant's Form Identifier: BRCS-11-BM
Form 471 Application Number: 794236

We're sending this letter to thank you for your recent Form 471 application. Your Form 471 application and/or certification was submitted online or postmarked AFTER the deadline for an application to be considered as filed within the window.

Program rules require us to hold your application pending final review of those applications that were filed within the window. We will post an announcement on the USAC website at www.usac.org/sl once we determine if funding applications that were submitted within the application filing window will fully utilize all the funds available for this Funding Year.

For more information about the processing of pending applications, about funding for applications filed after the close of the filing window or about plans for future funding years, please visit our website or call the Client Service Bureau at 1-888-203-8100.

TO APPEAL THIS DECISION:

If you wish to appeal a decision indicated in this letter, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the decision letter and the decision you are appealing:
 - Appellant name,
 - Applicant or service provider name,
 - BEN,
 - Application number 794236 as assigned by USAC,
 - "Funding Year 2011 Form 471 Postmarked Outside of Window Letter,"AND
 - The exact text or the decision that you are appealing.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.

Received & Inspected

AUG 11 2011

FCC Mail Room

July 20, 2011 ✓

Letter of Appeal
Schools and Libraries Division - Correspondence Unit
30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054-0685

RE: Appeal of Funding Year 2011 Form 471 Postmarked Outside of Window Letter

Contact: Janice Meyers

Letter of Agency for Boston Renaissance School

Janice Meyers Educational Consulting

PO Box 534.

Dobbs Ferry, NY 10522

914-715-2466 phone

914-231-6396 fax

BEN: 16053376

Boston Renaissance School

Form 471 # 794236

Appeal:

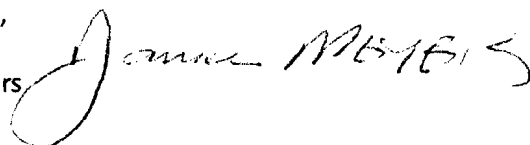
I am asking that Form 471 Number 794236 be considered Inside of Window due to extenuating circumstances.

Form 471 Number 794236 was started on 3/5/2011. Block 5 information was completed on 3/12/2011. On March 18, 2011 I had an accident at school. I went to the Emergency room on 3/18/2011 and was put on pain medicine for my injury. On 3/22/2011 my Orthopedic Surgeon determined that I could not work. My injury resulted in surgery and I was on NYS Worker's Compensation because I was unable to work. Please find the attached documentation.

Please consider Form 471 Number 794236 In Window so that the school can be considered for funding.

Respectfully,

Janice Meyers





Universal Service Administrative Company
Schools & Libraries Division

Administrator's Decision on Appeal – Funding Year 2011-2012

July 26, 2011 ✓

Janice Meyers
Janice Meyers Educational Consulting, LLC
PO Box 534
Dobbs Ferry, NY 10522

Received & Inspected

AUG 01 2011
FCC Mail Room

Re: Applicant Name: BOSTON RENAISSANCE SCHOOL
Billed Entity Number: 16053376
Form 471 Application Number: 794236
Funding Request Number(s): 2149394, 2165844
Your Correspondence Dated: July 20, 2011

The Universal Service Administrative Company (USAC) received your request for a waiver of the Application Filing Deadline for Funding Year 2011 of the Schools and Libraries Universal Service Support Mechanism.

Federal Communications Commission (FCC) rules do not permit USAC to consider requests for waivers. If you believe there is a basis for further examination of your request, you may file a waiver request with the FCC. You should refer to CC Docket No. 02-6 on the first page of your waiver request to the FCC. If you are submitting your waiver request via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing a waiver request with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

Schools and Libraries Division
Universal Service Administrative Company